#### PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

Sierra Pacific Industries **301 Hagara Street** 

Aberdeen, WA 98520

**Grays Harbor** 

NAME

**ADDRESS** 

COUNTY

**FACILITY** 

LOCATION

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

### **DISCHARGE MONITORING REPORT (DMR)**

(2-16)

(17-19)

**PERMIT NUMBER** 

ST 6191

**WWP-Waste Pump DISCHARGE NUMBER** 

**MONITORING PERIOD** YEAR МО YEAR МО DAY FR OM 01 TO (24-25) (20-21)(22-23)(26-27) (28-29)(30-31)

## **Submit Monthly**

Form Approved. OMB No. 2040-0004

NOTE: Read instructions before completing this form.

| PARAMETER                              |                       | (3 Card Only) (46-53)   | QUANTITY OR LOA<br>(54-61) | DING                             | (4 Card Only<br>(38-45)                    | QUALITY OR 0 (46-53)                         | CONCENTRA<br>(54- |                  |           | NO.<br>EX. | FREQUENCY<br>OF     | SAMPLE<br>TYPE |
|--|-----------------------|---|----------------------------|----------------------------------|--|--|-------------------|------------------|-----------|------------|---------------------|----------------|
| (32-37)                                |                       | AVERAGE   | MAXIMUM                    | UNITS                            | MINIMUM                                    | AVERAGE                                      | MAXIMU            | JM U             | NITS      | (62-63)    | ANALYSIS<br>(64-68) | (69-70)        |
| Flow                                   | SAMPLE<br>MEASUREMENT |   |                            |                                  |  |  |                   |                  |           |            |                     |                |
| 1 10W                                  | PERMIT<br>REQUIREMENT | 10080   | 14000                      | MGD                              |  |  |                   |                  |           | 0          | Continuous          | Metered        |
|  | SAMPLE<br>MEASUREMENT |   |                            |                                  |  |  |                   |                  |           |            |                     |                |
|  | PERMIT<br>REQUIREMENT |   |                            |                                  |  |  |                   |                  |           |            |                     |                |
|  | SAMPLE<br>MEASUREMENT |   |                            |                                  |  |  |                   |                  |           |            |                     |                |
|  | PERMIT<br>REQUIREMENT |   |                            |                                  |  |  |                   |                  |           |            |                     |                |
|  | SAMPLE<br>MEASUREMENT |   |                            |                                  |  |  |                   |                  |           |            |                     |                |
|  | PERMIT<br>REQUIREMENT |   |                            |                                  |  |  |                   |                  |           |            |                     |                |
|  | SAMPLE<br>MEASUREMENT |   |                            |                                  |  |  |                   |                  |           |            |                     |                |
|  | PERMIT<br>REQUIREMENT |   |                            |                                  |  |  |                   |                  |           |            |                     |                |
|  | SAMPLE<br>MEASUREMENT |   |                            |                                  |  |  |                   |                  |           |            |                     |                |
|  | PERMIT<br>REQUIREMENT |   |                            |                                  |  |  |                   |                  |           |            |                     |                |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER |                       | RTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSGENED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED JUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON SONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE SERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY |                            |                                  | A SYSTEM JERED AND PERSON OR NSIBLE FOR MY |  |                   |                  | TELEPHONE |            | D                   | ATE            |
|  | ARE<br>POS            | WLEDGE AND BELIEF, TRUE,<br>SIGNIFICANT PENALTIES FO<br>SIBILITY OF FINE AND IMPRISO  | OR SUBMITTING FALSE INFO   | ORMATION, INCI<br>ATIONS. SEE 18 | UDING THE                                  |  |                   |                  |           |            |                     |                |
|  |                       | AND 33 USC § 1319. (PENAL<br>100.00 AND OR MAXIMUM IMPE   |                            |                                  |  | SNATURE OF PRINCIPAL<br>OFFICER OR AUTHORIZE |                   | AREA NUMBER YEAR |           |            | YEAR N              | IO DAY         |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.

#### PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME

**ADDRESS** 

LOCATION

# NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)** 

(17-19)

ST 6191 **PERMIT NUMBER** 

CTW - Cooling **Tower Waste Tank DISCHARGE NUMBER**  **Submit Monthly** 

Form Approved. OMB No. 2040-0004

NOTE: Read instructions before completing this form.

Aberdeen, WA 98520 **Grays Harbor** COUNTY **FACILITY** 

**Sierra Pacific Industries** 

**301 Hagara Street** 

|          | MONITORING PERIOD |         |         |    |         |         |         |  |  |  |  |  |  |
|----------|-------------------|---------|---------|----|---------|---------|---------|--|--|--|--|--|--|
|          | YEAR              | МО      | DAY     |    | YEAR    | МО      | DAY     |  |  |  |  |  |  |
| FR<br>OM |                   |         | 01      | TO |         |         |         |  |  |  |  |  |  |
| •        | (20-21)           | (22-23) | (24-25) | =  | (26-27) | (28-29) | (30-31) |  |  |  |  |  |  |

| PARAMETER                                       |                       | (3 Card Only) QUANTITY OR LOADING<br>(46-53) (54-61)  |  |                                    | (4 Card Only)<br>(38-45)                                 | QUALITY OR C<br>(46-53)                  | ATION<br>61) |              | NO.<br>EX. | FREQUENCY<br>OF | SAMPLE<br>TYPE      |         |
|---|-----------------------|---|--|------------------------------------|--|--|--------------|--------------|------------|-----------------|---------------------|---------|
| (32-37)   |                       | AVERAGE   | MAXIMUM  | UNITS                              | MINIMUM  | AVERAGE                                  | MAXIMU       | VI L         | JNITS      | (62-63)         | ANALYSIS<br>(64-68) | (69-70) |
| BOD <sub>5</sub>                                | SAMPLE<br>MEASUREMENT |   |  |                                    |  |  |              |              |            |                 |                     |         |
|   | PERMIT<br>REQUIREMENT |   |  |                                    |  | 300                                      | 300          | r            | mg/L       | 0               | 01/30               | Grab    |
| TSS   | SAMPLE<br>MEASUREMENT |   |  |                                    |  |  |              |              |            |                 |                     |         |
|   | PERMIT<br>REQUIREMENT |   |  |                                    |  | 350                                      | 350          | r            | mg/L       | 0               | 01/30               | Grab    |
| рН  | SAMPLE<br>MEASUREMENT |   |  |                                    |  |  |              |              |            |                 |                     |         |
|   | PERMIT<br>REQUIREMENT |   |  |                                    | 6  |  | 9            |              | s.u.       | 0               | 01/30               | Grab    |
| Oil & Grease                                    | SAMPLE<br>MEASUREMENT |   |  |                                    |  |  |              |              |            |                 |                     |         |
| Oil & Olease                                    | PERMIT<br>REQUIREMENT |   |  |                                    |  | 300                                      | 300          | r            | mg/L       | 0               | 01/30               | Grab    |
| Tomporaturo                                     | SAMPLE<br>MEASUREMENT |   |  |                                    |  |  |              |              |            |                 |                     |         |
| Temperature                                     | PERMIT<br>REQUIREMENT |   |  |                                    |  | 65                                       | 65           |              | °C         | 0               | 01/30               | Grab    |
| Total Araonia                                   | SAMPLE<br>MEASUREMENT |   |  |                                    |  |  |              |              |            |                 |                     |         |
| Total Arsenic                                   | PERMIT<br>REQUIREMENT |   |  |                                    |  | 0.2                                      | 0.2          | r            | ng/L       | 0               | 01/30               | Grab    |
| NAME/TILE PRINCIPAL EXECUTIVE OFFICER           |                       | ERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMEN<br>PPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A<br>SIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER<br>ALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PE<br>RSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONS<br>THERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY |  |                                    | I A SYSTEM<br>IERED AND<br>PERSON OR<br>NSIBLE FOR<br>MY | TELEPH                                   |              | TELEPHO      | HONE D     |                 | ATE                 |         |
|   | ARE POS               | SIGNIFICANT PENALTIES FOR SIBILITY OF FINE AND IMPRIS   | ACCURATE, AND COMPLETE<br>OR SUBMITTING FALSE INF<br>ONMENT FOR KNOWING VIOL | UDING THE                          |  |  |              |              |            |                 |                     |         |
| TYPED OR PRINTED  COMMENT AND EXPLANATION OF AN | \$10,0                | 00.00 AND OR MAXIMUM IMPI   | TIES UNDER THESE STATUES RISONMENT OF BETWEEN SIX                            | S MAY INCLUDE I<br>K MONTHS AND FI |  | ATURE OF PRINCIPAL<br>FICER OR AUTHORIZE |              | AREA<br>CODE | N          | UMBER           | YEAR I              | MO DAY  |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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#### PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

# NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

### **DISCHARGE MONITORING REPORT (DMR)**

(17-19)

ST 6191

**PERMIT NUMBER** 

CTW - Cooling **Tower Waste Tank DISCHARGE NUMBER**  **Submit Monthly** 

Form Approved. OMB No. 2040-0004

NOTE: Read instructions before completing this form.

Aberdeen, WA 98520 **Grays Harbor** COUNTY

**Sierra Pacific Industries** 

**301 Hagara Street** 

**FACILITY** LOCATION

NAME

**ADDRESS** 

|          | MONITORING PERIOD |         |         |    |         |         |         |  |  |  |  |  |
|----------|-------------------|---------|---------|----|---------|---------|---------|--|--|--|--|--|
|          | YEAR              | МО      | DAY     |    | YEAR    | МО      | DAY     |  |  |  |  |  |
| FR<br>OM |                   |         | 01      | TO |         |         |         |  |  |  |  |  |
|          | (20-21)           | (22-23) | (24-25) | -  | (26-27) | (28-29) | (30-31) |  |  |  |  |  |

| PARAMETER  |                       | (3 Card Only) <b>C</b><br>(46-53)   | QUANTITY OR LOA<br>(54-61)   | DING   | (4 Card On<br>(38-4   |   | ONCENTRA<br>(54- |              | 61) <b>EX</b> . |         | FREQUENCY<br>OF     | SAMPLE<br>TYPE |
|--|-----------------------|---|--|--|---|---|------------------|--------------|-----------------|---------|---------------------|----------------|
| (32-37)  |                       | AVERAGE   | MAXIMUM  | UNITS  | MINIMU  | M AVERAGE                                     | MAXIMU           | JM I         | UNITS           | (62-63) | ANALYSIS<br>(64-68) | (69-70)        |
| Total Chromium   | SAMPLE<br>MEASUREMENT |   |  |  |   |   |                  |              |                 |         |                     |                |
| Total Officiality  | PERMIT<br>REQUIREMENT |   |  |  |   | 0.2   | 0.2              |              | mg/L            | 0       | 01/30               | Grab           |
| Total Zinc   | SAMPLE<br>MEASUREMENT |   |  |  |   |   |                  |              |                 |         |                     |                |
| Total Zillo  | PERMIT<br>REQUIREMENT |   |  |  |   | 1.0   | 1.0              |              | mg/L            | 0       | 01/30               | Grab           |
|  | SAMPLE<br>MEASUREMENT |   |  |  |   |   |                  |              |                 |         |                     |                |
|  | PERMIT<br>REQUIREMENT |   |  |  |   |   |                  |              |                 |         |                     |                |
|  | SAMPLE<br>MEASUREMENT |   |  |  |   |   |                  |              |                 |         |                     |                |
|  | PERMIT<br>REQUIREMENT |   |  |  |   |   |                  |              |                 |         |                     |                |
|  | SAMPLE<br>MEASUREMENT |   |  |  |   |   |                  |              |                 |         |                     |                |
|  | PERMIT<br>REQUIREMENT |   |  |  |   |   |                  |              |                 |         |                     |                |
|  | SAMPLE<br>MEASUREMENT |   |  |  |   |   |                  |              |                 |         |                     |                |
|  | PERMIT<br>REQUIREMENT |   |  |  |   |   |                  |              |                 |         |                     |                |
| PREFERENCE PALEACUTIVE OFFICER PREFERENCE PALEACUTIVE OFFICER PERENCE PALEACUTIVE OFFICER PREFERENCE PALEACUTIVE OFFICER PRE |                       | IFY UNDER PENALTY OF LAI RED UNDER MY DIRECTION NED TO ASSURE THAT IN HATED THE INFORMATION SI DIS WHO MANAGE THE SYS ERING INFORMATION, THE IN LEDGE AND BELIEF, TRUE, SIGNIFICANT PENALTIES FO BILITY OF FINE AND IMPRISO | N OR SUPERVISION IN ACC<br>QUALIFIED PERSONNEL P<br>JBMITTED. BASED ON MY I<br>TEM OR THOSE PERSONS D<br>FORMATION SUBMITTED IS,<br>CRURATE, AND COMPLETE<br>IR SUBMITTING FALSE INF | CORDANCE WITH<br>ROPERLY GATH<br>NQUIRY OF THE<br>PIRECTLY RESPO<br>TO THE BEST OF<br>E. I AM AWARE TO<br>ORMATION, INCL | A SYSTEM IERED AND PERSON OR NSIBLE FOR MY THAT THERE UDING THE USC § |   |                  | TELEPHONE DA |                 | ATE     |                     |                |
| TYPED OR PRINTED  COMMENT AND EXPLANATION OF AN  | \$10,00               | IND 33 USC § 1319. (PENALT<br>0.00 AND OR MAXIMUM IMPR  | TIES UNDER THESE STATUES<br>ISONMENT OF BETWEEN SIX  | MAY INCLUDE F<br>MONTHS AND FI   | FINES UP TO<br>VE YEARS.)   | IGNATURE OF PRINCIPAL<br>OFFICER OR AUTHORIZE |                  | AREA<br>CODE | N               | UMBER   | YEAR N              | 10 DAY         |